

July 10, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1579-01

CLIENT TRACKING NUMBER: M2-06-1579-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Records Received:

Records Received from the State:

Notification of IRO Assignment 6/22/06 - 9 pages

Records Received from the Requestor:

Texas Association of School Boards Risk Management Fund, Prospective Review (M2) Response 6/28/06 - 1 page

Preauthorization decision 5/5/06, 5/31/06 - 4 pages

Written notes - 1 page

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Radiological report of the left foot 1/27/05 – 1 page
Radiological report of the lumbar spine 2/4/05 – 2 pages
MRI report of the lumbar spine 2/8/05 – 2 pages
Functional Capacity Evaluation, Scott Summers, PT 3/9/05. 9/28/05 – 2 pages
Radiological report of the lumbosacral spine 3/17/05 – 1 page
Radiological report of the lumbosacral spine 7/13/05 – 1 page
Myelogram report of the lumbar spine 7/19/05 – 2 pages
Westlake Orthopaedics Spine and Sports office notes 12/23/05, 1/13/06 – 3 pages
Clinic notes, Curtis P. Clogston, MD 1/3/06, 1/9/06, 1/12/06, 1/16/06, 1/26/06, 2/8/06, 3/7/06, 3/20/06 – 9 pages
Skinner Clinic Work Comp chart notes 1/12/06 – 4 pages
Office visit notes, Anand Joshi, MD 1/24/06 – 5 pages
Prescription: Comprehensive Pain Management Evaluation/Treatment Request 3/20/06 – 1 page
Patient Pain Drawing 4/40/06 – 1 page
Initial Diagnostic Screening 4/13/06 – 7 pages
Preauthorization decision 5/3/05, 5/26/06 – 2 pages
Letter from Andrea L. Zuflacht, MS, LPC 5/16/06 – 2 pages
Preauthorization appeal fax cover sheet 5/19/06 – 1 page
Texas Workers' Compensation Work Status Report – 1 page

Records Received from the Respondent:

Preauthorization decision and rationale 5/5/06, 5/31/06 – 8 pages
Insurance Verification/Pre-Authorization Form 5/4/06, 5/30/06 – 2 pages
While You Were Out memos 5/4/06, 5/30/06 – 2 page
Preauthorization request fax cover sheet and transmission verification report 5/1/06 – 2 pages
Preauthorization appeal fax cover sheet and transmission verification report 5/19/06 – 2 pages
Letter from Andrea L. Zuflacht, MS, LPC 5/16/06 – 2 pages
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Summary of Treatment/Case History:

The patient was injured on ___ while carrying a heavy/awkward tray down a ramped area when he missed a step and twisted his left ankle. The patient also has complaints of low back pain with radicular symptoms. Treatment to date includes medications, physical therapy, massage, TENS unit, and activity modification. Surgery reportedly was recommended, but not authorized. The documentation reflects that the patient had multiple noncompliance with medication agreement, including obtaining hydrocodone from another provider while taking methadone from Dr. Joshi. Initial diagnostic screening noted moderate to serious levels of depression and anxiety, and that medication management issues are deemed clinically significant. Individual psychotherapy x 6 sessions was requested and denied by two different physician advisors both of whom determined that medication abuse should first be addressed by a certified substance abuse counselor. Response to denial noted that the patient no longer sees Dr. Joshi for medication management and is exclusively seeing Dr. Clogston.

Questions for Review:

1. Preauth denial for 6 sessions of individual psychotherapy.

Explanation of Findings:

1. Preauth denial for 6 sessions of individual psychotherapy.

The request for psychotherapy was appropriately denied. It is clear that the patient had issues of medication abuse. This was not an isolated incident, but rather documented as “multiple noncompliance” with medication agreement per Dr. Joshi. Based on the clinical information provided, this issue should be addressed by a certified substance abuse counselor prior to proceeding with other psychological/behavioral treatment.

Conclusion/Decision to Not Certify:

The request for the 6 sessions of individual psychotherapy is not medically necessary at this time.

References Used in Support of Decision:

1. ACOEM Guidelines Chapter 15, Stress Related Conditions, Accessed Online
2. The Official Disability Guidelines, Accessed online
3. Ehlers A, Clark DM, Hackmann A, McManus F, Fennell M, Herbert C, Mayou R, A randomized controlled trial of cognitive therapy, a self-help booklet, and repeated assessments as early interventions for posttraumatic stress disorder. Arch Gen Psychiatry. 2003 Oct;60(10): 1024–32

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4. Thase ME, Greenhouse JB, Frank E, Reynolds CF 3rd, Pilkonis PA, Hurley K, Grochocinski V, Kupfer DJ. Treatment of major depression with psychotherapy or psychotherapy–pharmacotherapy combinations. Arch Gen Psychiatry. 1997 Nov;54(11): 1009–15.
5. U.S. Food and Drug Administration, FDA Consumer magazine, Prescription Drug Use and Abuse

The Psychologist who performed this review is licensed in Psychology by the state of Texas. This reviewer is a Diplomate of the American College of Forensic Examiners. This reviewer has been in active practice since 1976.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 10 day of Jul/2006.

Lori Behrend

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: requestor; respondent

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